

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34350
Name: Altavista Energy, Inc.
Address 1: 4595 K-33 Highway
Address 2: PO BOX 128
City: Wellsville State: KS Zip: 66092 +
Contact Person: Phil Frick
Phone: (785) 883-4057
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: None
Purchaser: Coffeyville Resources

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to ENHR Conv. to SWD

Conv. to GSW

Plug Back: _____ Plug Back Total Depth _____

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
5/4/2011	5/5/2011	5/5/2011

API No. 15 - 121-28855-0000
Spot Description: _____
NE NW NE SW Sec. 10 Twp. 19 S. R. 24 East West
2,516 Feet from North / South Line of Section
3,381 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: Middaugh Well #: AI-39
Field Name: Black

Producing Formation: Peru
Elevation: Ground: 836 est Kelly Bushing: NA
Total Depth: 198.0 Plug Back Total Depth: 161.1
Amount of Surface Pipe Set and Cemented at: 45.0 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 189.0
feet depth to: surface w/ 40 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Phil Frick
Title: Associate Date: 5/19/2011

KCC Office Use ONLY

Letter of Confidentiality Received

Date: _____ **RECEIVED JUN 02 2011**

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Dog Date: 6/16/11

KCC WICHITA

Operator Name: Altavista Energy, Inc. Lease Name: Middaugh Well #: AI-39
 Sec. 10 Twp. 19 S. R. 24 East West County: Miami

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Peru</td> <td>126.0'</td> <td>+710.0</td> </tr> </table>	Name	Top	Datum	Peru	126.0'	+710.0
Name	Top	Datum					
Peru	126.0'	+710.0					

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25"	8.625"	NA	45.0	Portland	10	NA
Production	6.75"	4.5"	NA	189.0	50/50 Poz	40	See Service Ticket

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	Top Bottom			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3 spf	126.0 to 141.0 - 48 perms - 3.375" DP 23 Gr. T. ECG		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. Pending Permit		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf	Water Bbls.	Gas-Oil Ratio

RECEIVED
Gravity
JUN 02 2011

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL KCC WICHITA
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 241252

Invoice Date: 05/11/2011 Terms: 0/0/30,n/30

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ALTAVISTA ENERGY INC
4595 K-33 HIGHWAY
P.O. BOX 128
WELLSVILLE KS 66092
(785)883-4057

MIDDAUGH AI-39
31870
SW 10-19-24 MI
05/05/2011
KS

Part Number	Description	Qty	Unit Price	Total
1110A	KOL SEAL (50# BAG)	200.00	.4400	88.00
1111	GRANULATED SALT (50 #)	77.00	.3500	26.95
1118B	PREMIUM GEL / BENTONITE	67.00	.2000	13.40
1124	50/50 POZ CEMENT MIX	40.00	10.4500	418.00
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00
1143	SILT SUSPENDER SS-630,ES	.50	40.4000	20.20
1401	HE 100 POLYMER	.50	47.2500	23.63

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
368 CASING FOOTAGE	189.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	90.00	225.00
510 MIN. BULK DELIVERY	.50	330.00	165.00

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KCC WICHITA

Parts:	632.18	Freight:	.00	Tax:	47.72	AR	2044.90
Labor:	.00	Misc:	.00	Total:	2044.90		
Sublt:	.00	Supplies:	.00	Change:	.00		

Date _____

ElDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

API. 15-121-28855-00-00

TICKET NUMBER 31870

LOCATION Ottawa

FOREMAN Alan Made

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-5-11	2244	Middaugh AF-39	SW 10	19	24	MI

TRUCK #	DRIVER	TRUCK #	DRIVER
510	Alan M	Su Retz	Meat
366	Ken V	NA	
369	Harold B	HB	

CUSTOMER Altawista Energy
MAILING ADDRESS P.O. Box 128
CITY Wellsville STATE KS ZIP CODE 66092

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 198 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 189 DRILL PIPE _____ TUBING _____ OTHER baffle 659
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 2 1/2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 1/2 gal ESA41 & 1/2 gal polymer to flush hole. Circulated into new pit. Mixed & pumped 40 sk 50150 po2 plus 5# Kolseal, 5% salt, 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set floak. Closed valve.

TOS Drilling

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	-	MILEAGE		-
5402	189	casing depth		-
5407	1/2 min	ten miles		165.00
5502L	2 1/2 hr	80 val		225.00
1110A	200#	Kolseal		88.00
111	77#	salt		26.95
1118B	67#	gel		13.40
1124	40SK	50150 po2		418.00
4404	1	4 1/2 plug		42.00
1143	1/2 gal	ESA41		20.20
1401	1/2 gal	Polymer		23.63
			RECEIVED	
			JUN 02 2011	
			KCC WICHITA	
			SALES TAX	47.72
			ESTIMATED	
			TOTAL	2044.90

Ravn 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.